

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NV2981AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/17/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOME AWAY FROM HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1235 GLENDA WAY</b> <b>RENO, NV 89509</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the complaint investigation conducted in your facility from 3/10/11 to 5/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for twenty Residential Facility for Group beds for elderly and disabled persons, twelve beds Category I and eight beds Category II residents. The census at the time of the survey was two. Two resident files were reviewed.</p> <p>Complaints #NV00027673 and #NV00025524 were substantiated. See Tags Y050, Y0524, Y0590, Y0876. Other deficiencies were identified during the investigation. See Tag Y0557.</p>	Y 000			
Y 050 SS=F	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p>	Y 050			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 524	Continued From page 2  in a kind and considerate manner.  Severity: 2    Scope: 1	Y 524			
Y 557 SS=F	449.262(3)(a) Restriction on Use of Restraints  NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident.  This Regulation is not met as evidenced by: Based on observation and interview from 3/10/11 to 5/17/11, the facility failed to ensure full bed rails were not being used on 1 of 2 residents. (Resident #2).  Severity: 2    Scope: 3	Y 557			
Y 590 SS=F	449.268(1)(a) Resident Rights  NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.  This Regulation is not met as evidenced by: Based on interview from 3/10/11 to 5/17/11, the facility failed to ensure the resident was not	Y 590			

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Y 590	Continued From page 3  neglected with feeding and hydration (Resident #3).  Severity: 2 Scope: 3	Y 590			
Y 876	449.2742(4) Medication Administration NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on record review and interview from 3/10/11 to 5/17/11, the facility failed to ensure the resident received medications as prescribed (Resident #5 - Fentanyl patch, 100mcg).  Severity: 2 Scope: 3	Y 876			

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